



## ISNS MEMBERSHIP APPLICATION/RENEWAL FORM 2018-2019-2020

(please type or print clearly !!)

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Name : .....Ac.Degree:.....

Address : .....  
.....  
.....

Town : .....Postal Code:.....

Country : .....

Phone : .....

Email : .....

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Dues:

➔  dues 2018 € 35,-- ;  dues 2018+2019 € 67, -- ;  dues 2018+2019+2020 € 95,--  
please check **one** box

Payment options (choose one)

1. **Online using VISA card or Mastercard.** After having supplied your personal data via this form or the online registration page ([www.isns-neoscreening.org](http://www.isns-neoscreening.org)) you will receive an email with further instructions.

2. **Bank transfer** of the above total amount to “International Society for Neonatal Screening”,  
c/o Rabobank, P.O.Box 82, 3700AB ZEIST, the Netherlands

| Bank                    | IBAN                | SWIFT code | Account number |
|-------------------------|---------------------|------------|----------------|
| Rabobank Rijn/Heuvelrug | NL94RABO 0378310003 | RABONL 2 U | 37 83 10 003   |

All bank transfer costs are to be paid by the member. Make sure to indicate your name and address on the bank transfer.

**Note: due to unreasonable costs cheques are NOT accepted**

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➔ Please return this form to

1. as pdf attached to an email to [gerard.loeber@gmail.com](mailto:gerard.loeber@gmail.com)

2. by surface mail to Dr. J.G. Loeber, ISNS-office, Burg.Fabiuspark 55, 3721CK BILTHOVEN,  
the Netherlands